PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

40/582197

| CLAIMS AS FILED - PART I | | | | | | | | CMALL EN | | | T11 A C C | |
|---|--|---|----------------|-----------------------------------|-------------------|------------------|-----------|---------------------|------------------------|---------|----------------------------|------------------------|
| | | | (Column 1) (| | | Column 2) | SMALL ENT | | | OR - | OTHER SMALL E | |
| U.S. NATIONAL STAGE FEES | | | | | | | | RATE | FEE |] | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | 1 | SEARCH FEE | |] | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | → minus 20 = * | | | | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | , minus 3 = * | | | | 1 | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | ESENT | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | 4 1 | TOTAL | · | OR | TOTAL | 900 | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUME PREVIO PAID I | BER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF M | IULTIPLE DEP | ENDENT C | LAIM | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | 1 | • | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colum | n 2\ | (Column 3) | | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMB PREVIO PAID F | ST SER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | _ | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | - L | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | Q ¹ |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |